

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90034 048 ****50.00

DOCUMENT # L01000000958					
1. Entity Name WINDOW DECOR & MORE, LLC					
Principal Place of Business 7151 OMEGA CT ZEPHYRHILLS, FL 33542			Mailing Address 38432 CALLAWAY BLVD DADE CITY, FL 33525		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOOZER, MARILYN 3603 SHADOWOOD DR. VALRICO, FL 33594				Name <i>Boozer Marilyn</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>38438 Callaway Blvd</i>	
				City <i>Dade City</i> FL Zip Code <i>33525</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Marilyn Boozer</i>				DATE <i>4-26-06</i>	
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOZER, MARILYN		NAME	<i>Marilyn Boozer</i>	
STREET ADDRESS	3603 SHADOWOOD DR.		STREET ADDRESS	<i>38438 Callaway Blvd.</i>	
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP	<i>Dade City, FL 33525</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Marilyn Boozer</i>				DATE: <i>4-26-06</i> 813-782-1974	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	
				Daytime Phone #	